

Embassy of the United States of America Cairo, Egypt

AFFIDAVIT OF PARENTAGE AND PHYSICAL PRESENCE

I,	, do solemnly swear (or af	firm) that I am an Americ	can citizen by: (choose of
birth in :(city/town, state)		on <i>(date)</i>	
naturalization on (date)/	/ before the <i>(name of</i>	court)	
birth abroad on (date)/	to American parent(s)		
That I have been physically present in the U			
PLACE (CITY, STATE)	DATE (MONTH/DAY/YEAR)	DATE (MONTH/DA)	V/VE AD)
	· ·	•	,
>	From/	To/	_/
,	From/	To/	_/
·,	From/	To/	_/
	From / /	To/	/
(Continue	From / / / on separate sheet, if necessary.)		
hat I have been physically present abroad as fo	ollows:		
PLACE (CITY, COUNTRY)	DATE (MONTH/DAY/YR)	DATE (MONTH/DAY/YR)) PURPOSE*
,	From/	To/	
,	From/	To/	
,	From/	To//	
	From/	To / /	
Continue on separate sheet, if necessary). Indicate purpose of trip: vacation, residence, ive name of employer.			
That my Social Security Number is	; That I h	ave served in the United S	States Armed Forces fro
/ to/(date)	;		
That I was married on//	atto		
(date)	(place)	(nan	ne of spouse)
That neither my spouse nor I was previousl o	1.1		

<u>AFFIDAVIT OF PARENTAGE AND PHYSICAL PRESENCE</u> – continued

That, to the best my knowledge, I am the	natural father/mother of the	e following children:	
NAME	DATE OF BIRTH	PLACE OF BIRTH	
(Continue on separate sheet, if necessary.)			
(Continue on separate sheet, if necessary.)			
That the other parent of the above-named		(name)	whom I first
met on/ at at (city, sa	tata ay aayyatmi)	·	
(date) (city, si	tate or country)		
That, if any child named above was bo United States citizenship, I agree to pro- years.* *NOTE: The preceding phrase may be deleted to a foreign woman, the child will not be eligi	ovide financial support for ed; however, if it is deleted by	r such child until such child re	eaches the age of eighteen
as amended on November 14, 1986.	ole for officed states endealish	ip under section 305(a) of the min	ingration and Patronality 210t,
That I have the following adopted children	en:		
NAME	DATE OF BIRTH	PLACE OF BIRTH	I
(Continue on separate sheet, if necessary.)		_	
WARNING: False statements made knowing punishable by fine and/or imprisonment under			orting documents are
I solemnly swear (or affirm) that the state my knowledge and belief and that this aff child/children and his/her/their claim to U	fidavit is for the purpose of		
	Signature of	f affiant:	
	Present Str	eet Address:	
SUBSCRIBED AND SWORN TO (AFFIRM American Embassy Cairo, Egypt.	ED) before me this	day of	200 at the
			

(SEAL)